



Helpful Hints for Using the TRI-AD BenefitCard™

If you are enrolled in the Health Care Flexible Spending Account (FSA), you have the TRI-AD BenefitCard™ to access your funds at the point of sale. While this allows instant access to your account, it does not overcome the IRS requirement that you must be able to prove that the transaction was for an eligible health care expense.

The first thing to understand about the BenefitCard is that the IRS specifies which transactions require backup documentation. This is not determined by your employer or your plan's administrator. TRI-AD's systems are configured to automatically approve transactions that are within IRS regulations.

BenefitCard transactions break down into three types:

- **Transactions that can be “auto-adjudicated”** – a majority of BenefitCard transactions can be automatically approved and do not require backup documentation:
 - Transactions that match one of the copays linked to your employer's health plans.
 - Transactions that are processed through merchants using technology that recognizes product SKU numbers as FSA-eligible items.
 - Recurring transactions that you have already substantiated with a receipt and another transaction occurs at the same merchant, for the same dollar amount, within the same plan year.
- **Transactions where the BenefitCard is accepted but additional documentation is required** – the merchant is valid, but the system cannot detect enough information from the transaction to automatically approve it. Examples are:
 - Doctors' office transactions for coinsurance amounts. The IRS does not permit these to be auto-adjudicated.
 - Copays linked to another employer's health plan.
 - Dental provider transactions, because dentists provide some cosmetic services such as teeth bleaching, veneers or bonding that are not FSA-eligible.
 - Vision care transactions, because optometrists sell some ineligible items such as non-prescription sunglasses and non-prescription colored contact lenses.
 - Transactions from smaller drugstores that are not set up with an IRS-compliant inventory control system. These types of transactions will trigger a documentation request.
- **Transactions that are denied** – transactions are denied if the merchant is not an eligible provider or because you do not have enough money in your account to cover the transaction. Examples:
 - You cannot use your card at the gas station or a restaurant.
 - Some denials occur due to the merchant code. For example, some university hospitals use a merchant code of “university” rather than “hospital,” so the transaction may be denied.
 - If in doubt about why your card swipe was denied, contact TRI-AD for further information.

About BenefitCard Documentation Requests

- You do not need to submit documentation unless TRI-AD requests it. You will receive notifications via email unless we do not have an email address on file for you. If that is the case, the request will be sent by mail to the address on file with your employer.
- If you receive a documentation request and you have access to a scanner, you may upload your receipt through your login on the TRI-AD website: www.tri-ad.com/fsa. Card transactions that require receipts will be viewable in the “Open Claims” section of the Claims Center.
- iPhone, iPad, and Android users may use the free “Benefits by TRI-AD” mobile app to view their card transactions for information about substantiation requirements. If a transaction shows “pending receipts,” just take a picture of your detailed receipt and upload it via the mobile app.
- If you do not have access to a scanner, simply attach a clean copy of your detailed receipt to the request and fax it in to the toll-free fax number provided on the request, or mail it to TRI-AD.
- Receipts must include the following information per the IRS:
 - Provider name
 - Person for whom the expense was incurred
 - Date of service (not the date you were billed)
 - Description of services provided
 - Amount
- If you do not provide your documentation timely, your card is subject to deactivation.
- Any claims you submit for expenses paid out-of-pocket after your card deactivates will automatically be used to offset outstanding amounts.

We understand it can be frustrating to have to provide receipts to substantiate your card transactions. The documentation required is exactly the same as what you would have to provide if you were filing a claim for reimbursement, so you are not being asked to provide anything “extra.” The IRS sets the documentation requirements and your employer’s FSA plan must abide by IRS rules to maintain its qualified status.

Whether or not you receive a documentation request, the BenefitCard gives you the convenience of having instant access to your account balance. You don’t have to pay up front and then file a claim for reimbursement. Just keep your documentation and provide it promptly if TRI-AD requests it. If you remember to do that, using the card will be easy for you.

Don’t like dealing with receipt requests?

The card is not for everyone; you are not required to use it. You can use your Flexible Spending Account the traditional way, by paying your providers out-of-pocket and then submitting claims for reimbursement. TRI-AD processes claims within four business days and reimbursements are processed daily.

You may sign up for direct deposit reimbursement to have your payment electronically transferred to your bank account, or you can receive a check in the mail.

Contact Information

Phone: 888-844-1372, Monday - Friday, 5:00 a.m. to 6:00 p.m. Pacific Time

Email: flexmail@tri-ad.com

Web: www.tri-ad.com/fsa